

of medicine. Of the internists, however, 76% indicated that they would once again select internal medicine, but only 44% of the pediatricians would make the same choice. An additional fact emerged, confirming our initial perception. In the age group 60 to 65 years, 83% of the nonretired internists were still practicing primary care internal medicine, but only 11.5% of the nonretired pediatricians were involved in the practice of primary care pediatrics. Our figures were derived only from physicians in Oregon, but the implications for physician supply are obvious. We attempted to unravel the questions and answers to explain our findings, but would like to learn of larger studies being designed.

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REFERENCE

1. Schunk GJ, Osterud HT: Duration of pediatric and internal medicine practice in Oregon. *Pediatrics* 1989; 83:428-432

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TO THE EDITOR: I found the article by Chuck and associates thought-provoking, but I think these authors present an unduly optimistic portrayal of American physicians' viewpoints: They see the glass as half full, and I find it half empty.

In the introduction, the authors cite other polls¹ that found that only 60% of physicians interviewed would definitely or probably enter medical school again. The authors' 67% positive response to an equivalent question is a result that they feature but that seems similar to me. Their results are derived from responses in the three positive categories of a 7-point scale (including responses that were only mildly positive).

I find it most distressing that even with the best possible interpretation of the data, only 63% of respondents believed that their job was "fun"—a statistic they define as "a solid majority." Conversely, 37% of the physicians questioned do not find their job fun, 37% do not find their job prestigious, and 33% would not choose to enter medicine again.

The authors report that 40% were not satisfied with their amount of night and weekend duty, 53% to 55% believed they had no control over their work environment or the hours they worked, and 55% were concerned about contracting a serious infection such as the acquired immunodeficiency syndrome at work. Even more depressing was their finding—not commented on by them—that 56% would not encourage their children to pursue a career in medicine.

The authors believe the severity and effect of "the recent demoralization of the medical profession . . . have been overstated." Their data could be interpreted to show exactly the opposite—that many physicians have considerable problems with their profession, that they wish they were in another profession, and that they hope their children will not follow in their footsteps.

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REFERENCE

1. Harvey LK, Shubat SC: Physician Opinion on Health Care Issues. Chicago, Ill, Issue and Communication Research, American Medical Association, April 1989 and April 1990

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Drs Chuck and Nesbitt respond

TO THE EDITOR: Any study of job and career satisfaction needs to be interpreted in both absolute and relative terms. For example, our data showed that 67% of respondent physicians would choose their careers again. Viewed in absolute terms, this seems like a respectable figure. Viewed in relative terms, it seems even more notable considering that only 44% of respondents in a random survey of working adults would choose their line of work again (Gallup Poll for Accountants on Call, May 1988). Expecting 100% of physicians to say that they would choose their careers again would be analogous to expecting a major league batting champion to hit 1.000—nice, but unrealistic.

The fact that only 44% of physicians would encourage their children to pursue a career in medicine is interesting because one might expect this figure to more closely approximate the 67% of physicians who would choose medical careers again for themselves. This could be attributed partly to physicians believing that "our fates have been sealed" or are, at best, unclear at this time. It may also be a result of a generation of parents who have been admonished not to pressure their children into anything, be it ballet lessons, a particular college, or a career. We suspect that the 44% figure would have been higher if we had clarified the question to read: "If your child expressed an interest in a medical career, would you encourage him or her to pursue this interest?" Of note, when a similar question was posed to attorneys by *California Lawyer* magazine in 1992, only 27% of respondents said they would advise their children to become lawyers ("It's Becoming a Miserable Profession"—Monthly Facts Poll, *California Lawyer*, March 1992, p 96).

Being in primary care ourselves, we are sensitive to Dr Schunk's concerns about physician satisfaction and attrition rates in the primary care fields. He may be encouraged that when we looked at Permanente Medical Group pediatricians, 64% said they would choose their specialty again. In addition, our primary care respondents showed equal overall job satisfaction when compared with their specialty colleagues. Still, we do recognize that there are many entrenched inequities within the medical profession, especially as related to education in medical schools and compensation, that have made the fields of pediatrics, internal medicine, and family practice less desirable to medical students and less remunerative for practicing physicians. For this reason, we strongly believe that current health care reform efforts that emphasize an expanding role for primary care physicians also need to address and correct these inequities. Only then can we expect to recruit and retain some of the best and brightest to the front lines of medicine.

With regard to our analysis of the data as seeing "the glass half full" as opposed to half empty, we plead guilty;